

Name
in
Full

Oliver A. Bailey

2-4-1

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1905	Month 2	Day 25	Years 64	Months	Days
Sex Male	Color or Race white	Birth-place Connecticut			
Married, Single or Widowed	Occupation Carpenter				
Name of Wife or Husband	Eliza A. Bailey				
Father's Name	Lester Bailey	Father's Birthplace Conn			
Mother's Maiden Name	Elizabeth Clark	Mother's Birthplace Conn			
Name of person giving Information	James A. Bailey	How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

9th

How long

11 days

Immediate

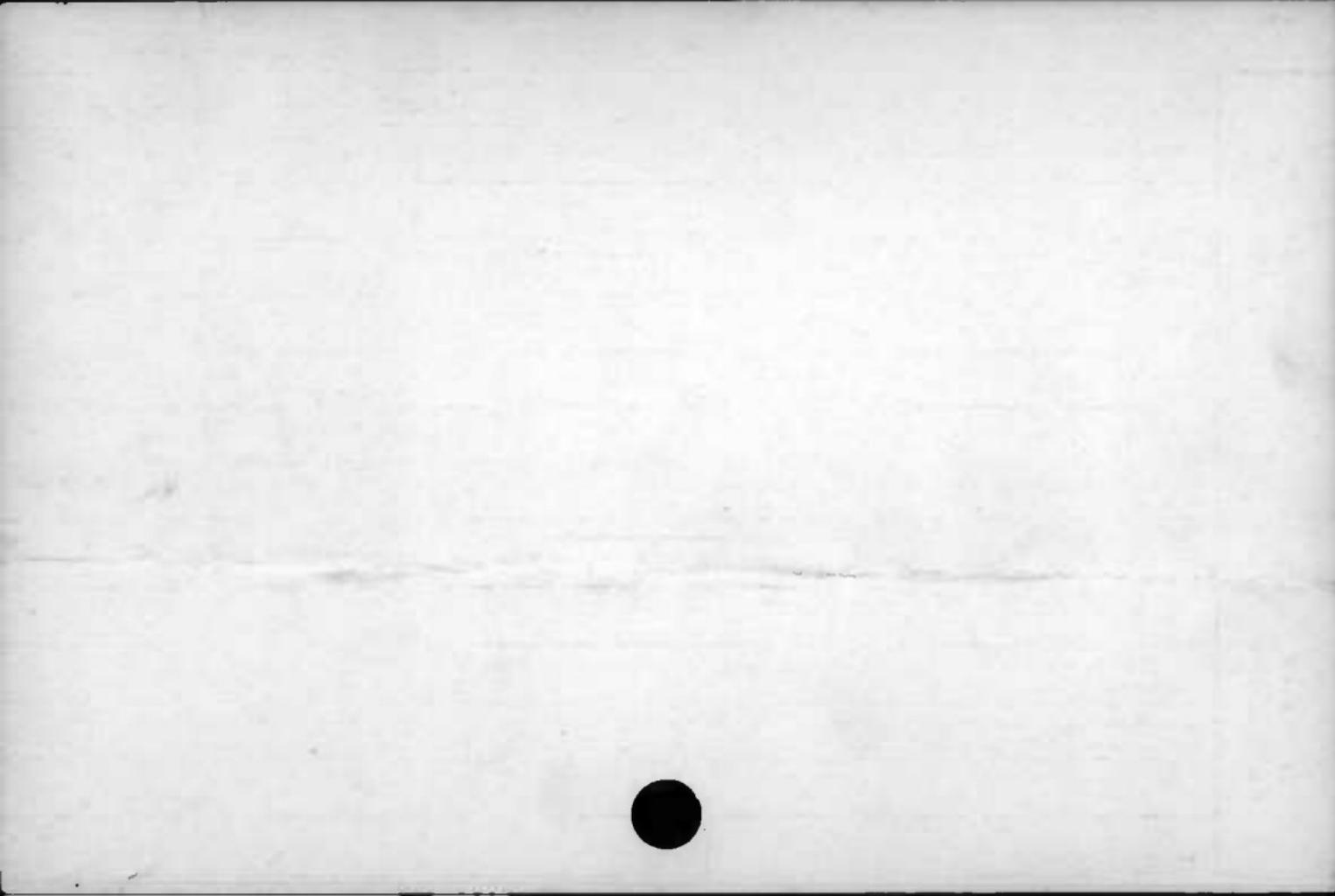
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Elisabeth A Banks

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race		Age		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	George Taylor			Father's Birthplace	Wicomico Co.
Mother's Maiden Name	Sally	Mother's Birthplace			Wicomico Co.
Name of person giving information	John R Pruitt	How related to deceased			Son-in-law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Oculuated Stomach

How long

2 Months

Immediate

Are the name, age, sex, color, date and place correctly given above?

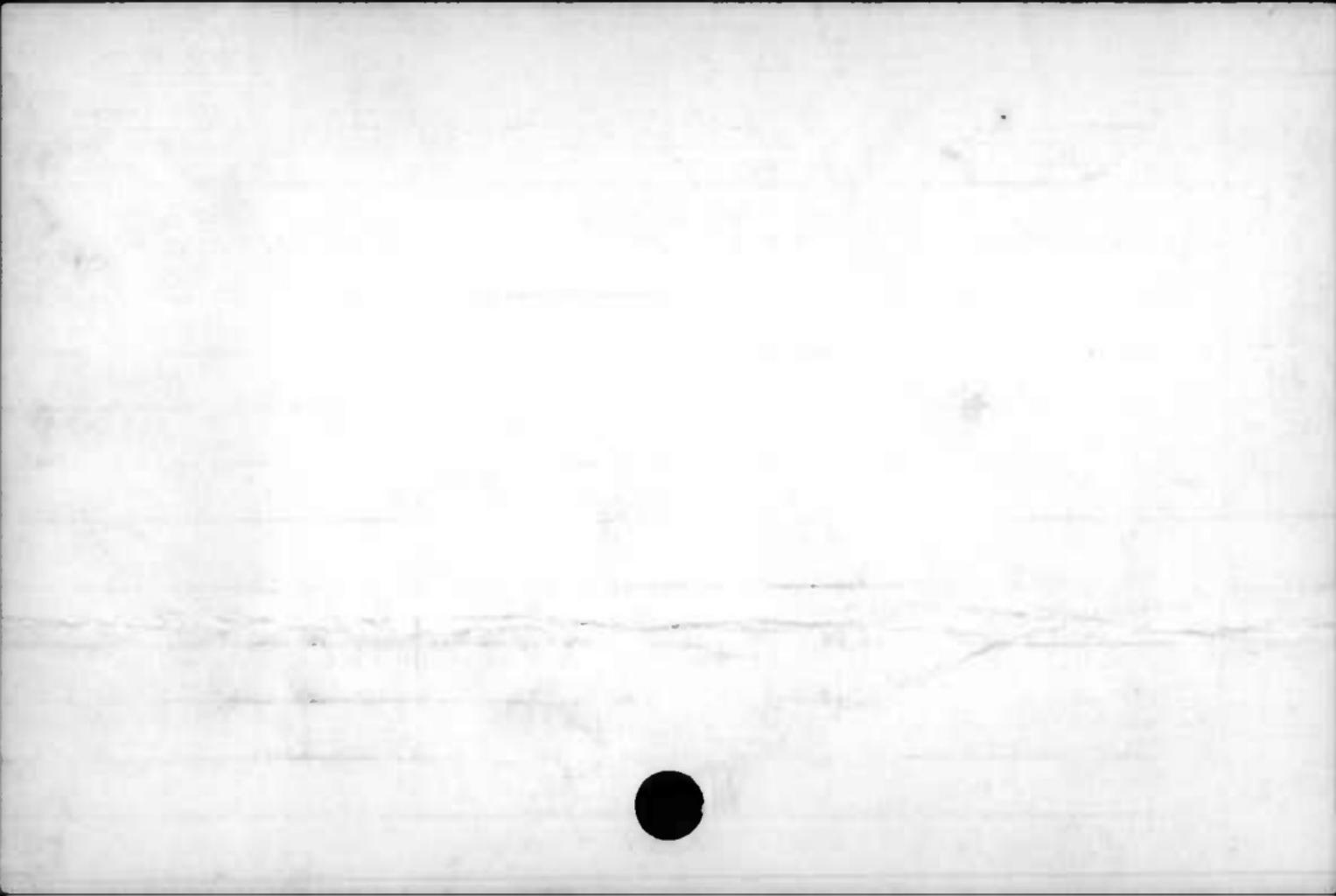
Yes

Signature of Physician

Address

John R Pruitt

Accident or Suicide?



Name
in
Full

Thomas Bedsworth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	white	Birth-place	nd
Occupation	Oysterman		Where Residing If not at place of death		
Married, Single or Widowed	married	Name of Wife or Husband	Belle Breanner		
Father's Name	Whittie Bedsworth			Father's Birthplace	nd
Mother's Maiden Name				Mother's Birthplace	nd
Name of person giving information	L. S. Parks		93	How related to deceased	none

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	80 days
Immediate	Exhaustion	How long	5 hrs
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	R. H. Dugay
		Address	Crude Rd
Accident or Suicide?	no		

30



Name
in
Full

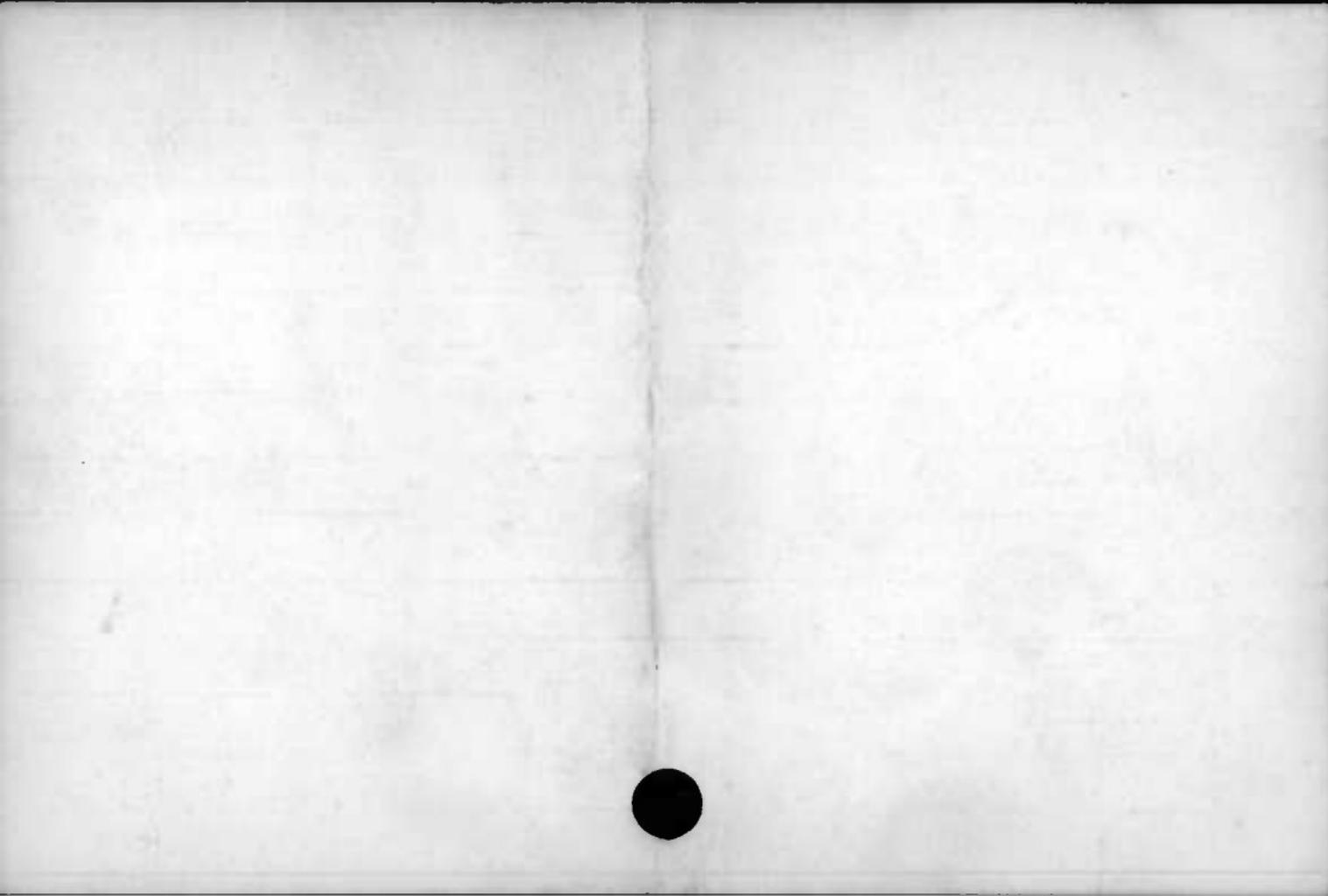
TO BE ANSWERED BY
NEAREST FRIEND

Nettie Birkhead		Town	County	CERTIFICATE OF DEATH	
Died at	Near Princess Anne	Month	County	MARYLAND	
Date of death	1905	Feb.	Day	Years	Months
		4	Age	13	Days
Sex	Female	Color or Race	Black	Birth-place	Maryland.
Occupation	School girl	Where Residing if not at place of death			-
Married, Single or Widowed	Single	Name of Wife or Husband	-		
Father's Name	John Birkhead	Father's Birthplace			Maryland
Mother's Maiden Name	Hester Anderson	Mother's Birthplace			Maryland.
Name of person giving Information	Dennard Williams	How related to deceased			Wife.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Rheumatism & Endocarditis	How long	six weeks
Immediate	Pneumonia & heart failure	How long	4 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Chas. T. Fisher, M.D.
yrs.		Address	Princess Anne, Md.
Accident or Suicide?			



Name
in
Full

Lizzie Bloodsworth

CERTIFICATE OF DEATH

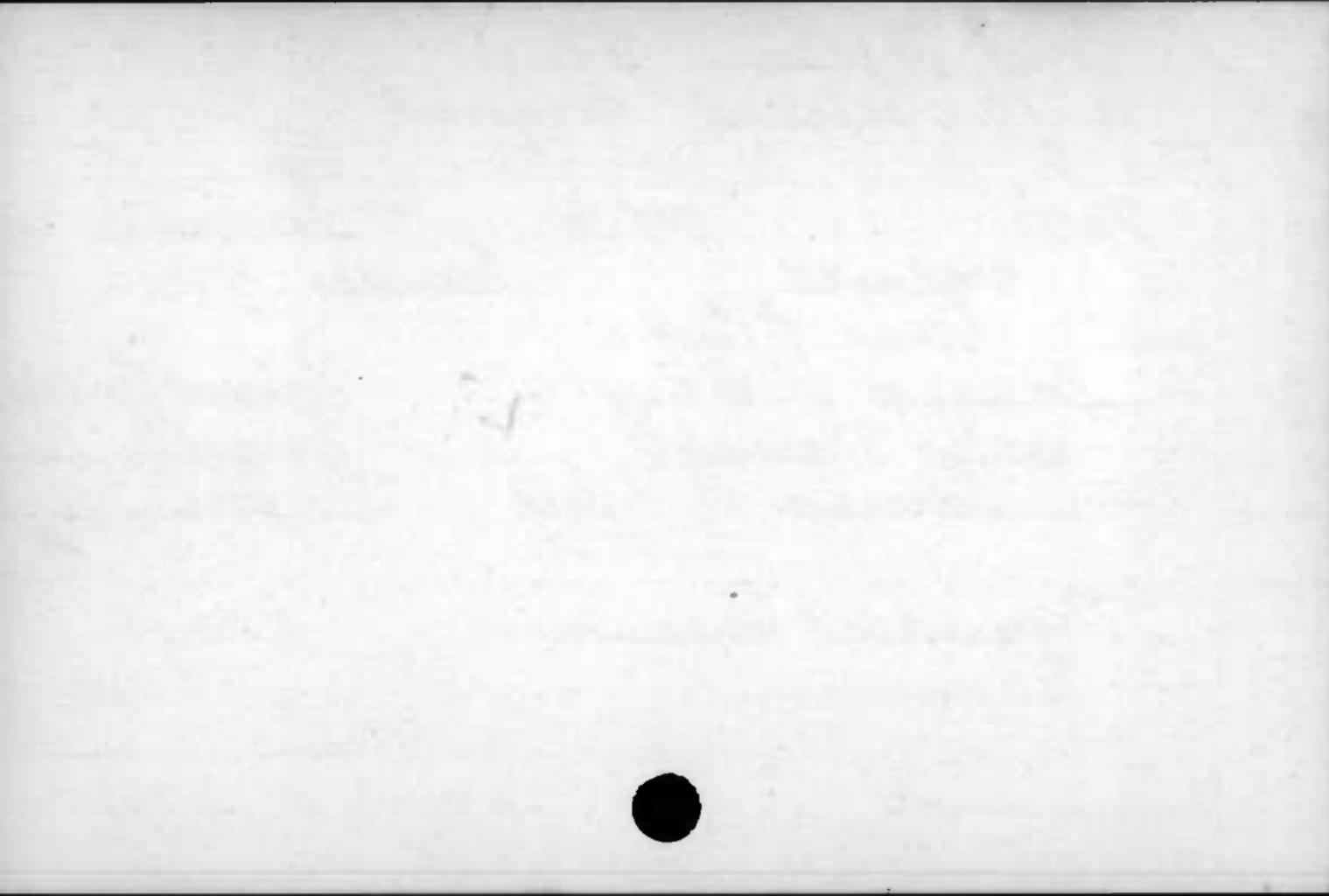
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months
Sex	Color or Race	White	Birth-place	Md	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Raed Bloodsworth		
Father's Name	GR Laine		Father's Birthplace	Md	
Mother's Maiden Name	Sarah Taylor		Mother's Birthplace	Md	
Name of person giving information	Raed Bloodsworth		How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long	8 mos
Immediate	Exhaustion		How long	36 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	R. T. Scott	
		Address	Orwold Md	
Accident or Suicide?	No			



Name
in
Full

Robert Williams Cluff.

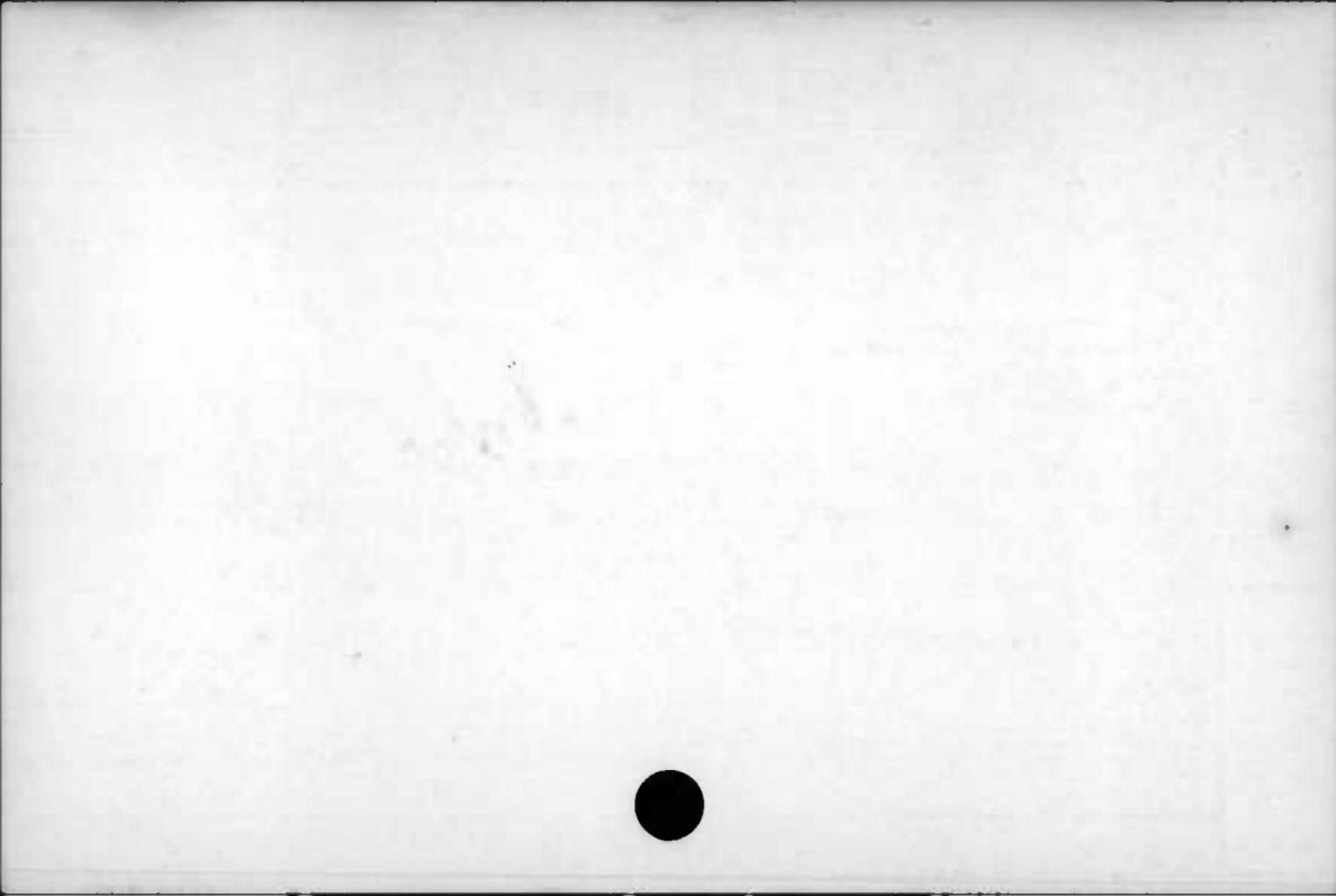
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Dublin District	Somerset			
Date of death	Month	Day	Years	Months	Days
1905	2	12	74	7	7
Sex	Male	Color or Race	White	Birth- place	Somerset Co., Md.
Married, Single or Widowed	Widowed	Occupation	Farmer		
Name of Wife or Husband	Frances Cluff				
Father's Name	Edward P. Cluff		Father's Birthplace	Somerset Co., Md.	
Mother's Maiden Name	Sally Marshall		Mother's Birthplace	Somerset Co., Md.	
Name of person giving Information	Edward H. Cluff		How related to deceased	Son	

CAUSES OF DEATH

Primary	Bronchial Pneumonia	How long	8 days
Immediate	Exhaustion	How long	48 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Garrison, M.D.
		Address	Portsmouth City - Sussex Co.
Accident or Suicide?	No		



Name
in
Full

Lucy Emily Cole

2-4-I

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1905	Month 2	Day 4	Years	Months	Days
Age					
Sex Female	Color or Race White	Occupation			
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name Oscar Cole				Father's Birthplace Dorchester Co.	
Mother's Maiden Name Virginia Scott				Mother's Birthplace Mt. Vernon	
Name of person giving Information Oliver Bailey				How related to deceased None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Consumption

How long

5 weeks

Immediate

How long

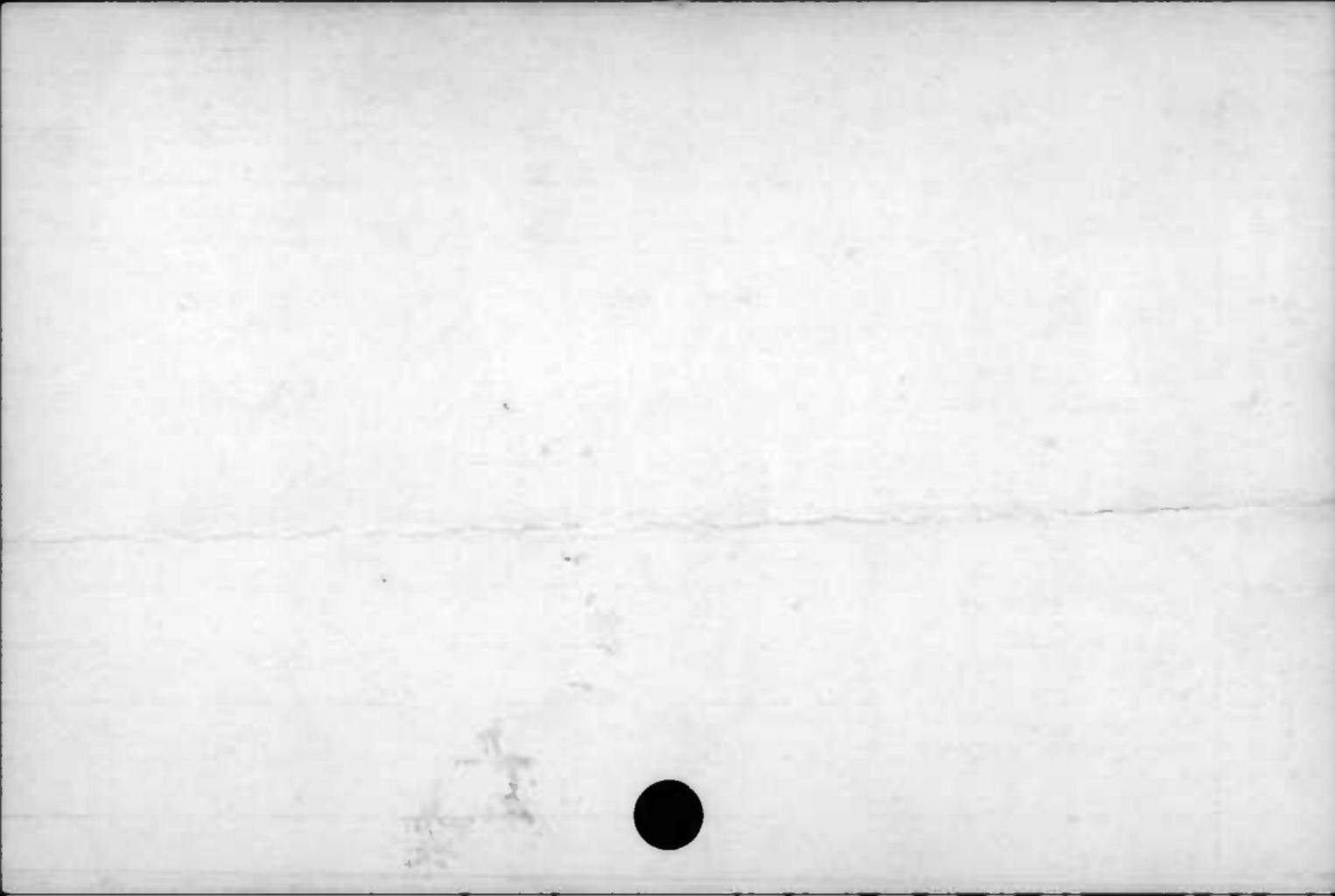
Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

Mrs Martha Dope.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

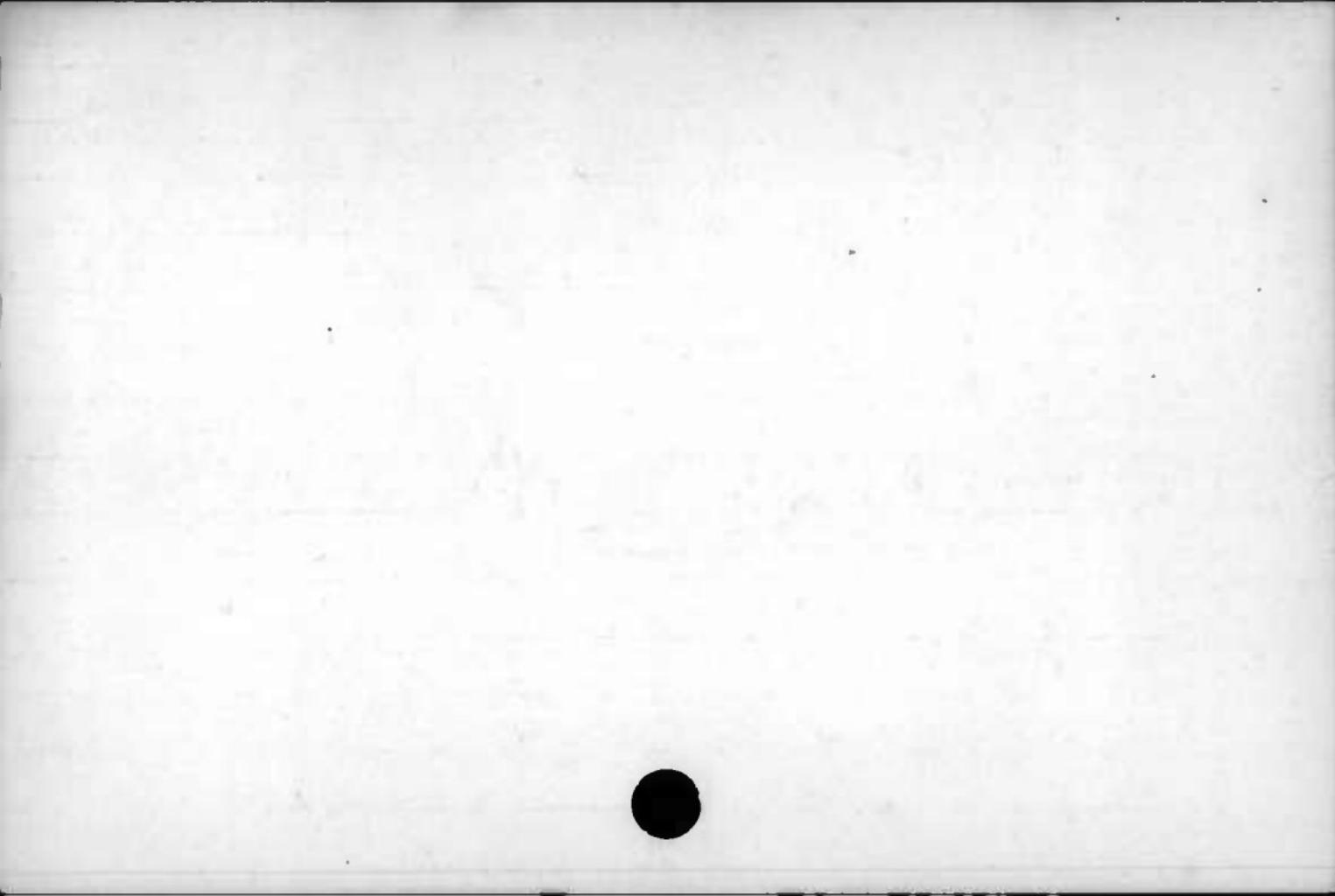
Died at	Town	County	MARYLAND		
Date of death 1905	Month Feb	Years 69	Months 20	Days	
Sex Female	Color or Race White -	Birth-place England			
Occupation None -	Where Residing if not at place of death Cisfield, Md				
Married, Single or Widowed Widow	Name of Wife or Husband Dead				
Father's Name Don't know	Father's Birthplace				
Mother's Maiden Name "	Mother's Birthplace				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Sinility, asthma	How long	3 weeks
Immediate	Mild Regurgitation	How long	Don't know
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Wm. Coulbourne	
	Address	Cisfield, Md.	
Accident or Suicide?			

yes



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sarah E. O' Darmian

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace
Mother's Maiden Name	Bethune	Sarah Darmian	Polk's Road
Name of person giving information	How related to deceased		

CAUSES OF DEATH

Primary

Fire accidentally

How long

11 hours

Immediate

Are the name, age, sex, color, date and place correctly given above?

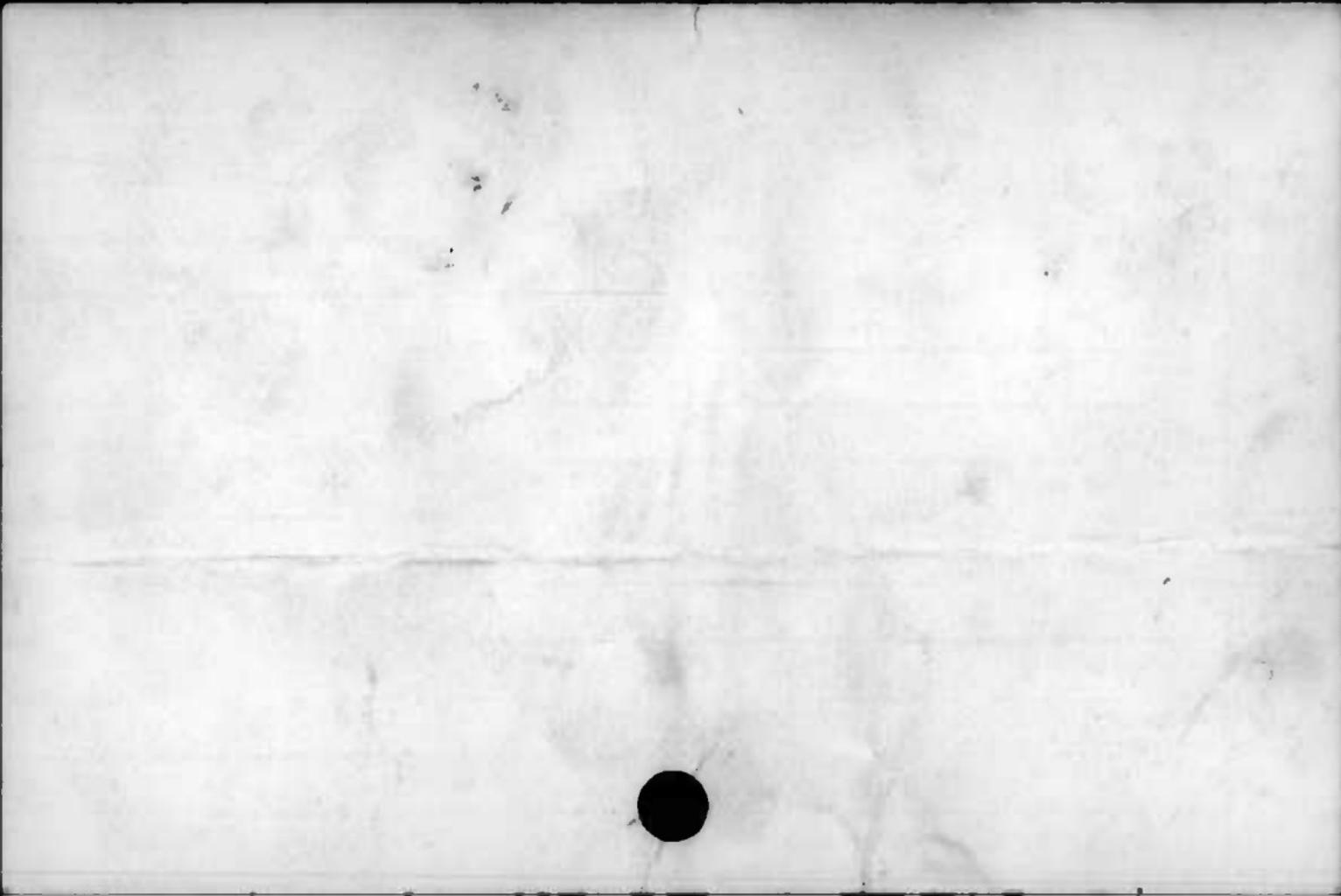
yes

Signature of Physician

Address

J. M. Darwell
V & Bro

Accident or Suicide?



Name
in
Full

Unnamed

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Princess Anne Md</u>		Town <u>Hornan</u>	County <u>Somerset</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Feb</u>	Day <u>6</u>	Years <u>0</u>	Age <u>0</u>	Months <u>2 1/2</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>Black</u>			Birth-place <u>Princess Anne</u>		
Occupation <u>-</u>			Where Residing if not at place of death <u>-</u>			
Married, Single or Widowed <u>-</u>	Name of Wife or Husband <u>-</u>					
Father's Name <u>James Birans</u>			Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Sarah Hornan</u>			Mother's Birthplace <u>Maryland</u>			
Name of person giving information <u>Mother</u>			How related to deceased <u>105</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Gastro-intestinal disturbance</u>	How long <u>since birth.</u>
Immediate <u>Unknown</u>	How long <u>2 days.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>Chas. O'Fisher, M.D.</u>
	Address <u>Princess Anne, Md.</u>
Accident or Suicide? <u>/</u>	



Name

in
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

James Gale

2-1-37

CERTIFICATE OF DEATH

Alms Home

County
Somerset

MARYLAND

Died at

Date
of death

1905

Month

2

Day

9

Years

80

Months

Days

Age

Sex

Male

Color or
Race

Collard

Birth-
place

Mt. Vernon

Married-Single
or Widowed

Occupation

Name of Wife or
Husband

don't know

Father's
Name

don't know

Father's
BirthplaceMother's
Maiden Name

don't know

Mother's
BirthplaceName of person giving
Information

Geo & Bounds

How related
to deceased

None

CAUSES OF DEATH

Primary

Old Age



How long

One week

Immediate

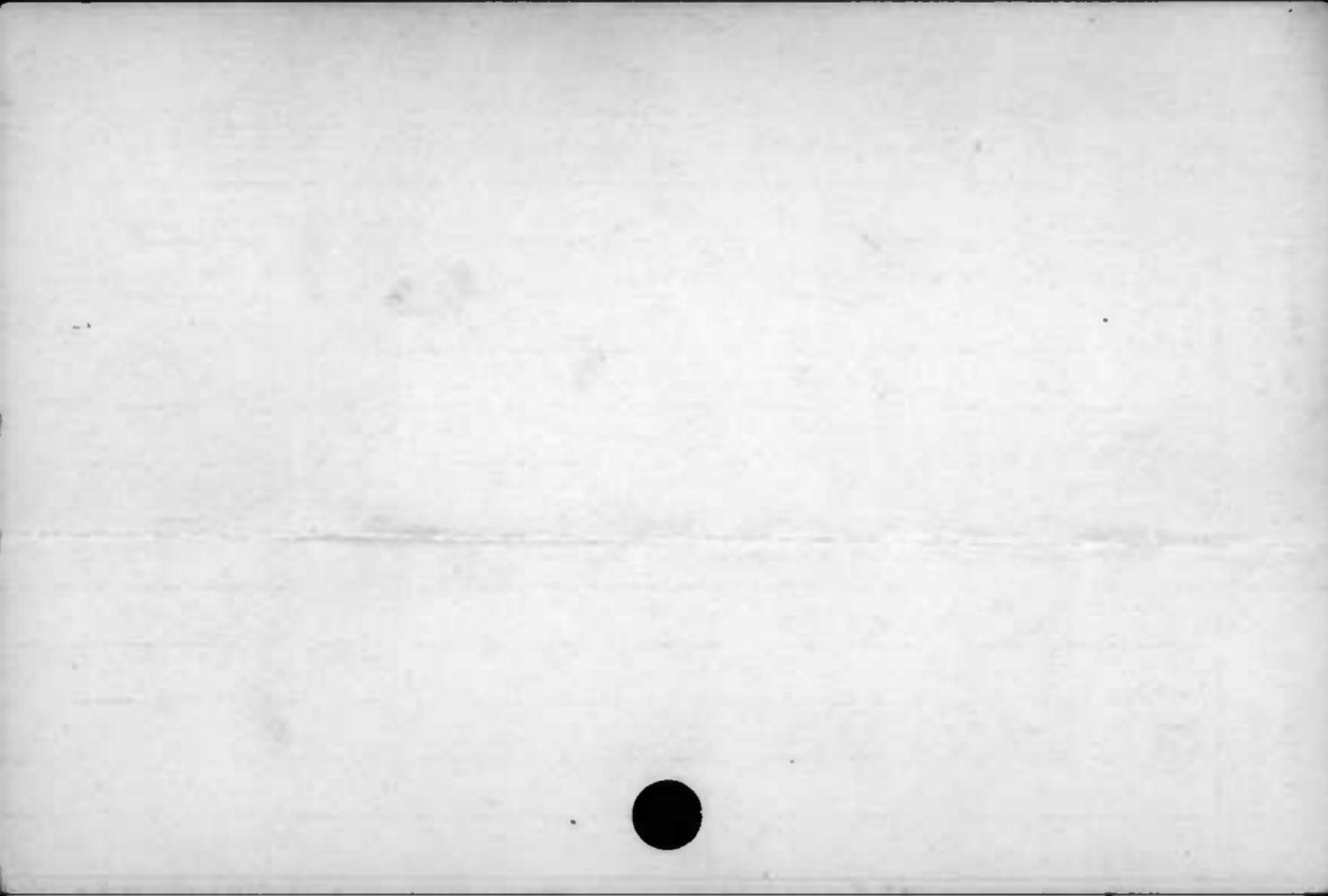
Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

O.W. J. F Gibbons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Dublin West	Somerset	Months	Days	
Date of death	Month	Day	Years		
190	2	27	Age	56	
Sex	Male	Color or Race	White	Birth-place	Dublin West
Occupation	Farmer	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Martha Dougherty			
Father's Name	James Gibbons	Father's Birthplace	Dublin West		
Mother's Maiden Name	Sarah Bunting	Mother's Birthplace	"		
Name of person giving information	J. A. Holland	How related to deceased	neighbor		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Consumption

How long

10 yrs

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Accident or Suicide?

0/70/11/26

1905/2/27.

Name
in
Full

John Hall

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1905	Month Oct	Years 66	Months Days
Sex Male	Color or Race White	Birth-place Fairmount	
Married, Single or Widowed	Occupation Farmer		"
Name of Wife or Husband	Martha E. M. Hall	Father's Birthplace	Fairmount
Father's Name	Hobman Hall	Mother's Birthplace	"
Mother's Maiden Name	Sarah Hall		
Name of person giving Information	D. J. Maddox	How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

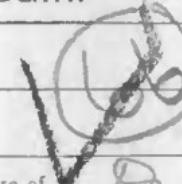
Primary

Paroxysis

How long

12 days

Immediate



How long

Are the name, age, sex, color, date and place correctly given above?

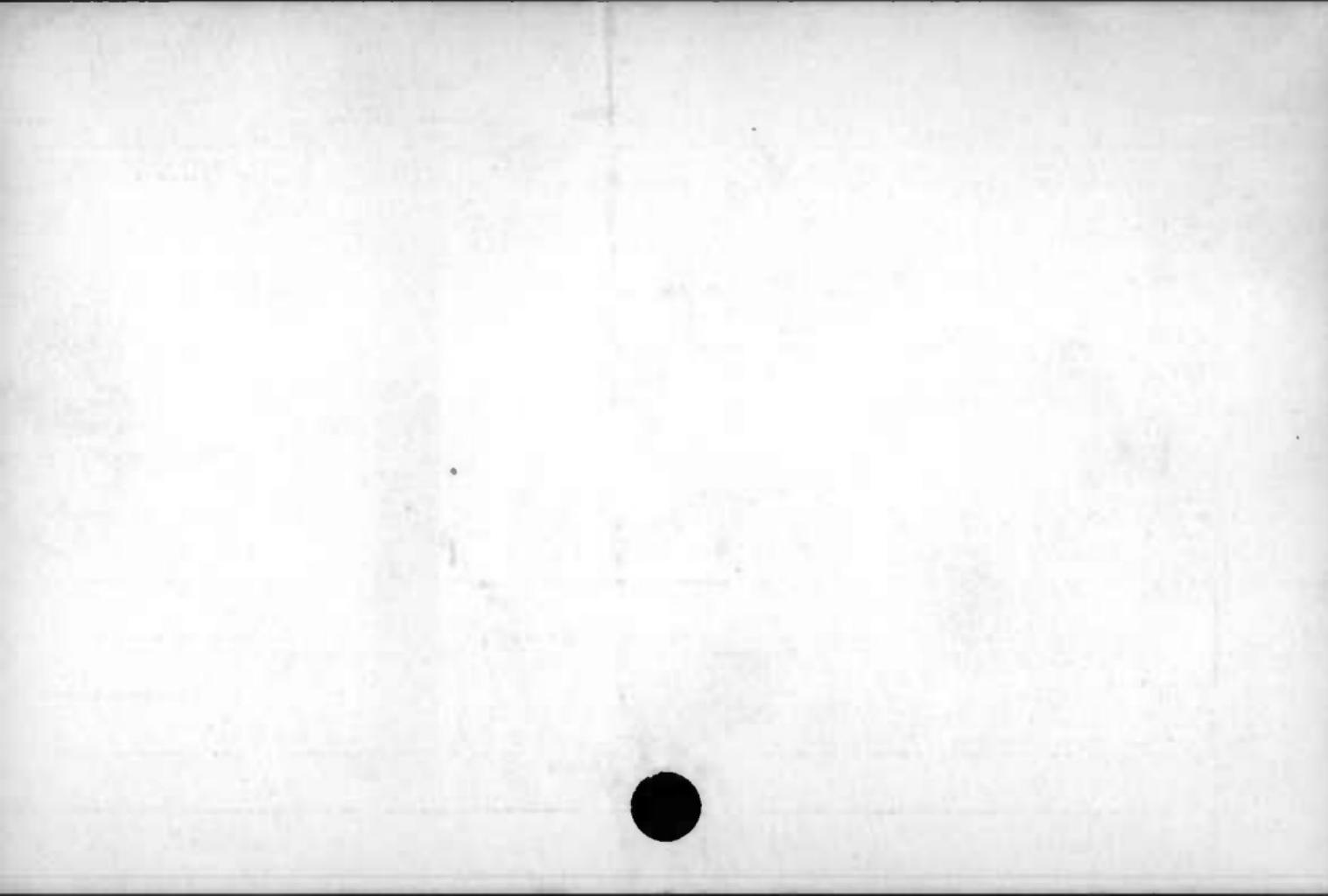
Yes

Signature of Physician

Address

Dr. E. S. Miles
Upper Fairmount
Somerset Co. MD

Accident or Suicide?



Name
in
Full

Louis Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		

Crudele Somerset MARYLAND

1905 Feb 13 26

Male Colored 26

Apstleyan - Missouri

Married Julia Jones

Wt Knuwle

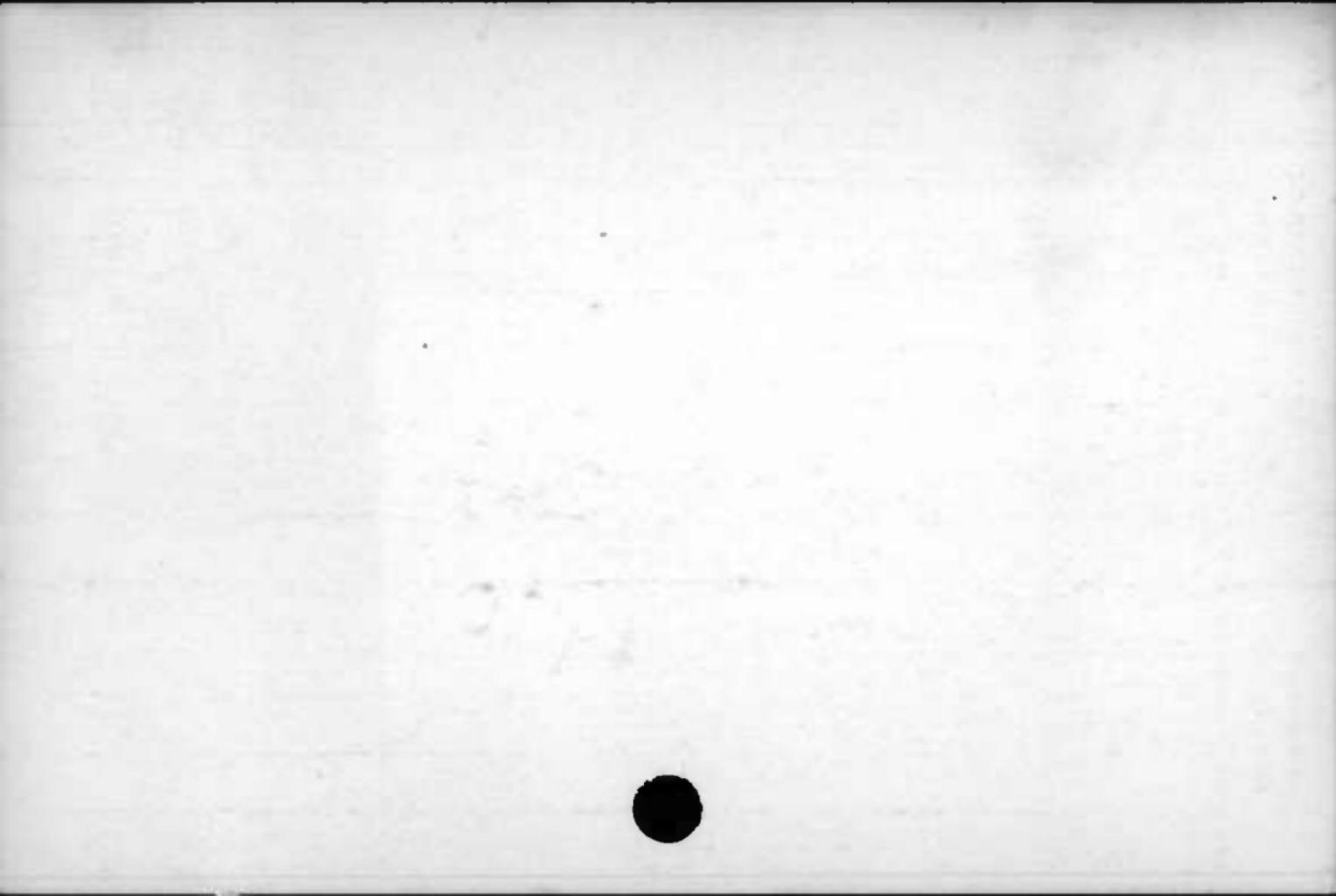
"

Wash Bear

CAUSES OF DEATH

Primary	Exposure	10	How long	3 hours
Immediate	Exhaustion	10	How long	15 min.
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Frank W. Johnson.
			Address	Crudele
Accident	Frozen to death			

CORONER



Name
in
Full

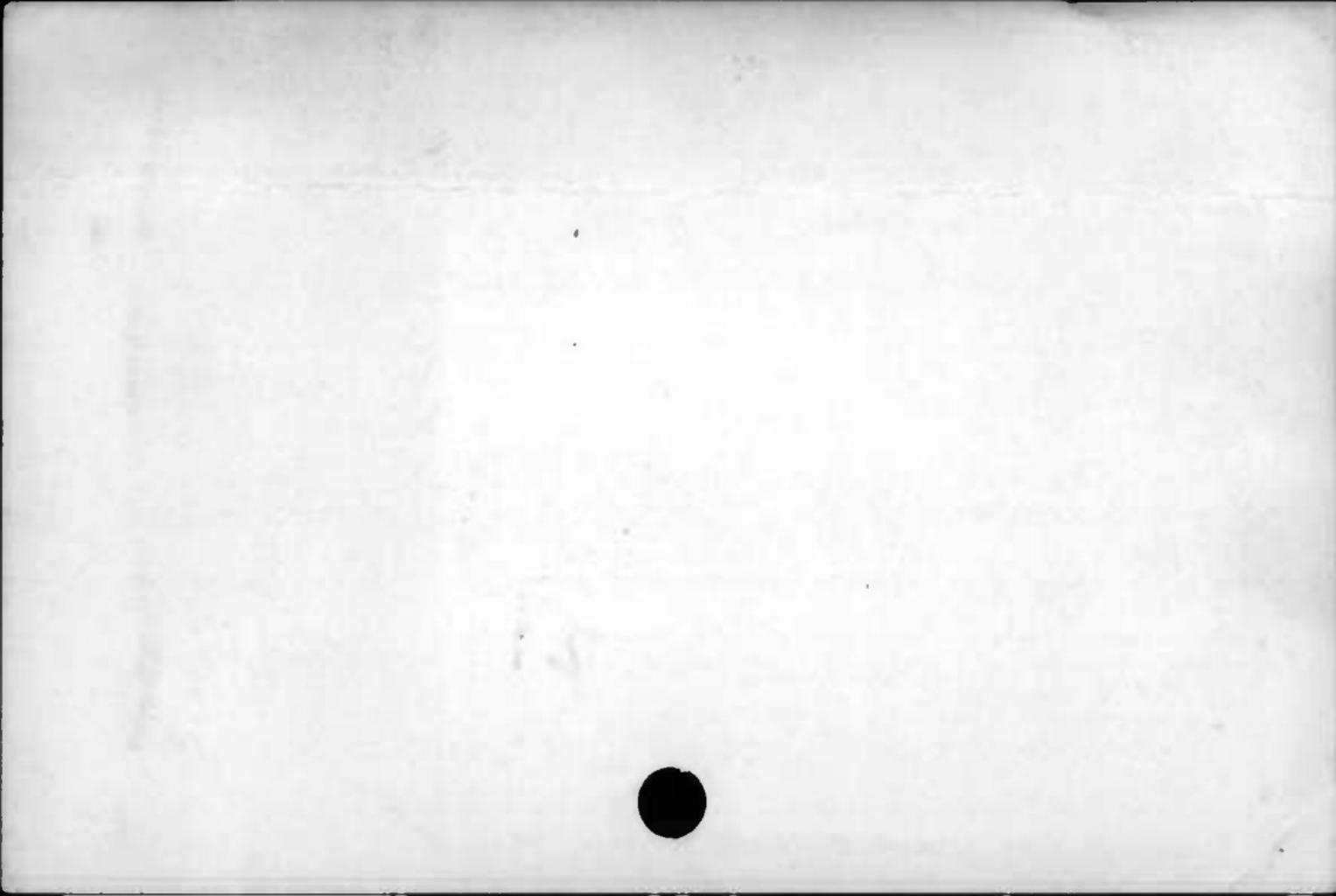
To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Age	Years	24 yrs	Months	Days
Sex	Color or Race			Birth-place	Somers, N.Y.		
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband		Father's Name	Father's Birthplace	Somers,	
Father's Name				Mother's Maiden Name	Mother's Birthplace	Somers,	
Name of person giving Information				How related to deceased		Son, 1st	

CAUSES OF DEATH

Primary	Tuberculosis	67	How long	year	
Immediate	pneumonia		How long		
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	S. J. Windham, M.D.	
			Address	24 Main Street, Somers & Co., N.Y.	
Accident or Suicide?					



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

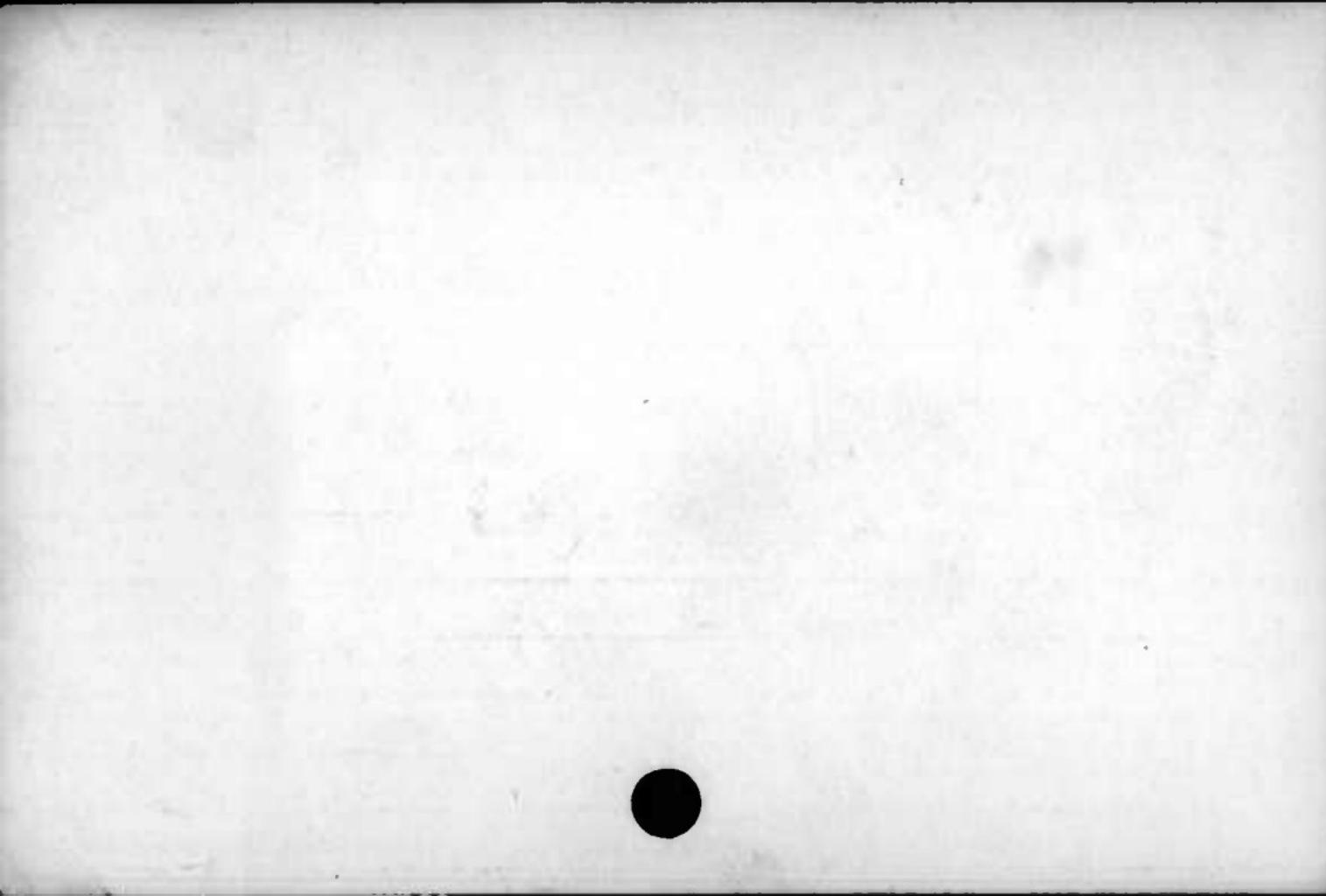
Albert King

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
1905	Feb	4	11				
Sex	Male	Color or Race	Colored		Birth-place	Pearl	
Occupation	Where Residing if not at place of death					"	
Married, Single or Widowed	Name of Wife or Husband	Sindarilla King					
Father's Name	Levin King					Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving Information	Levin King					How related to deceased	

CAUSES OF DEATH

Primary	Pulmonary Tuberculosis	How long	About 1 yr.
Immediate	Actægia following auto-pneumonia	How long	1 mo.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Albert King - M.D.
		Address	Residence Avenue, Md.
Accident or Suicide?		✓	



Name
in
Full

Mrs Hettie Owens -

CERTIFICATE OF DEATH

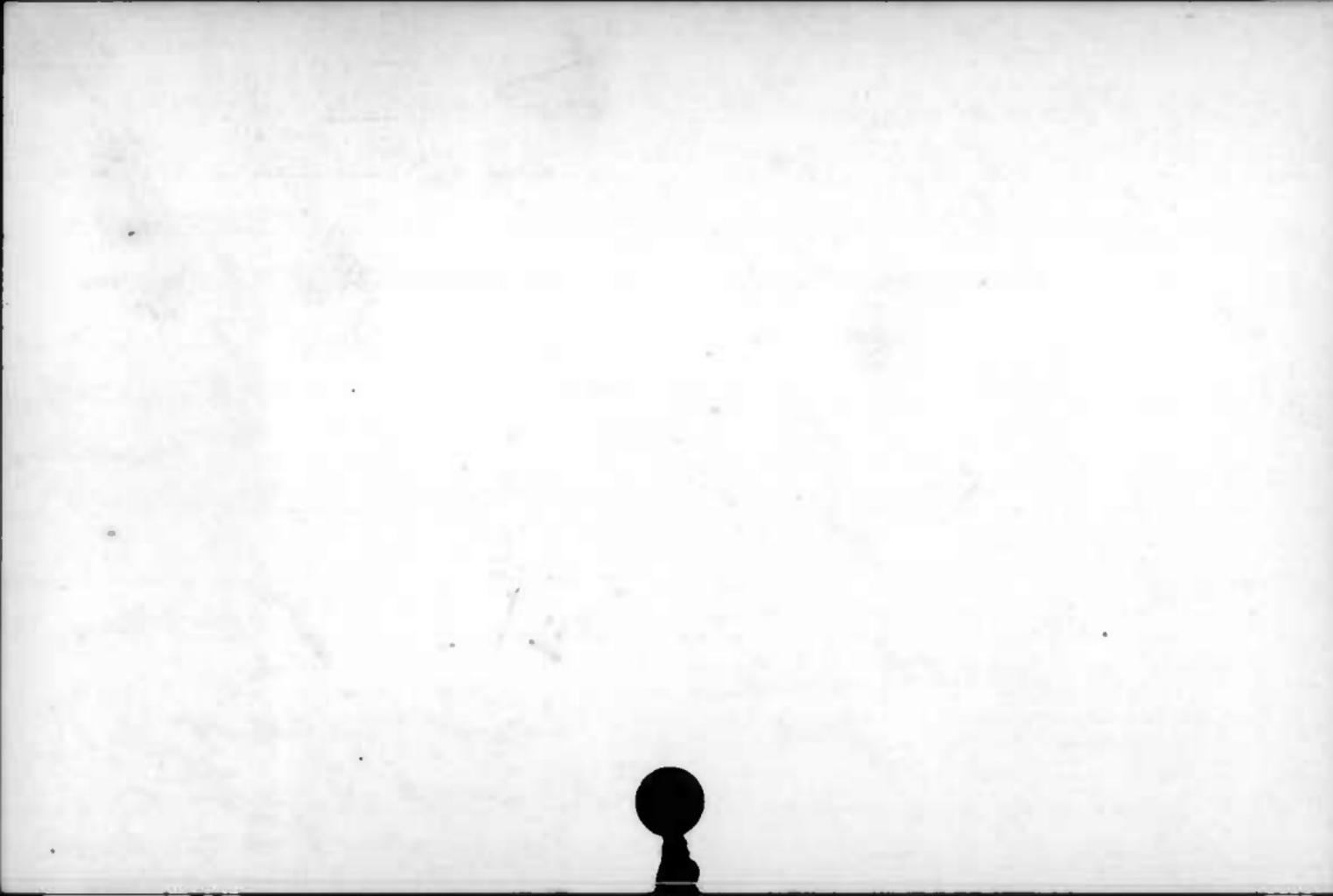
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months
Sex	Color or Race	White	Birth-place	Days	
Occupation	House wife		Where Residing if not at place of death	—	
Married, Single or Widowed	Married	Name of Wife or Husband	— Edw. Owens, —		
Father's Name	Ward.		Father's Birthplace	—	
Mother's Maiden Name			Mother's Birthplace	—	
Name of person giving information	Mrs Sherting		How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis		How long	13 Months
Immediate	Asthma		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	W. H. Coulbourne,
			Address	Highfield, And.
Accident or Suicide? —				



Name
in
Full

Lida L. Powell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County	
Died at Somers Quarter	Somerset	
Date of death 1905	Month Feb.	Day 20
Age 53	Years 53	Months 4
Sex Female	Color or Race White	Days 20
Married, Single or Widowed Married	Occupation Housewife	
Name of Wife or Husband Gary Powell	Father's Birthplace Somers Co.	
Father's Name Jas. L. White	Mother's Birthplace Somers Co.	
Mother's Maiden Name Elizabeth Jones	How related to deceased Husband	
Name of person giving Information Gary Powell		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

8 mos.

Immediate

Asthma

How long

-

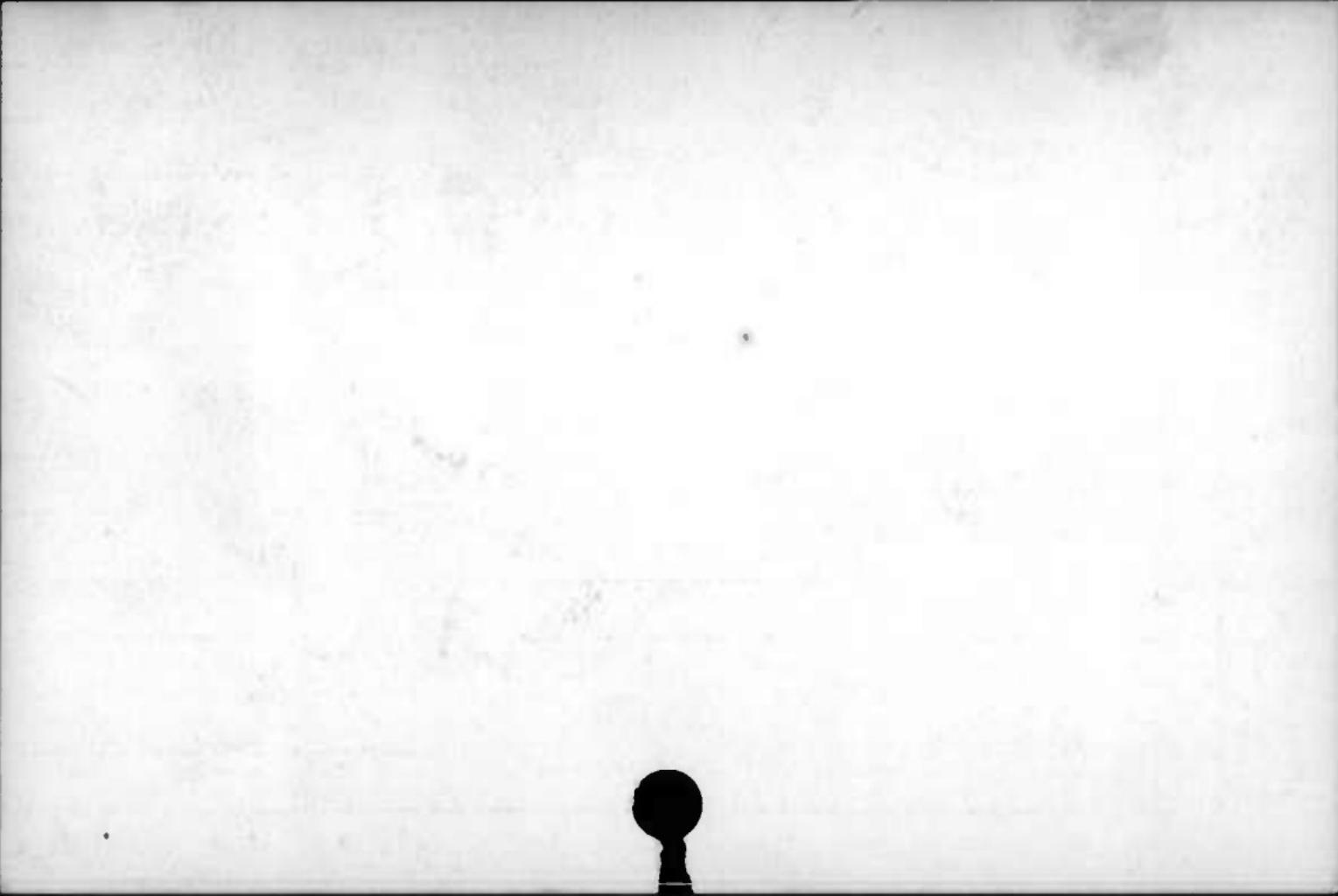
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

S. Windsor, Md.
Somers Quarter,
Somerset Co., Md.

Accident or Suicide?



Name
in
Full

Alice Renshaw

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1905	Month 2	Day 28	Age 68	Years	Months	Days
Sex Female	Color or Race White			Birth- place Mt. Vernon		
Married, Single or Widowed	Married	Occupation Housewife				
Name of Wife or Husband	Henry L. Renshaw					
Father's Name	Ephraim Bounds					
Mother's Maiden Name	Tempa Hitch					
Name of person giving Information	Stanley W. Renshaw					

CAUSES OF DEATH

Primary

Cronic Nervous Trouble

How long

6 Months

Immediate

Are the name, age, sex, color, date
and place correctly given above?

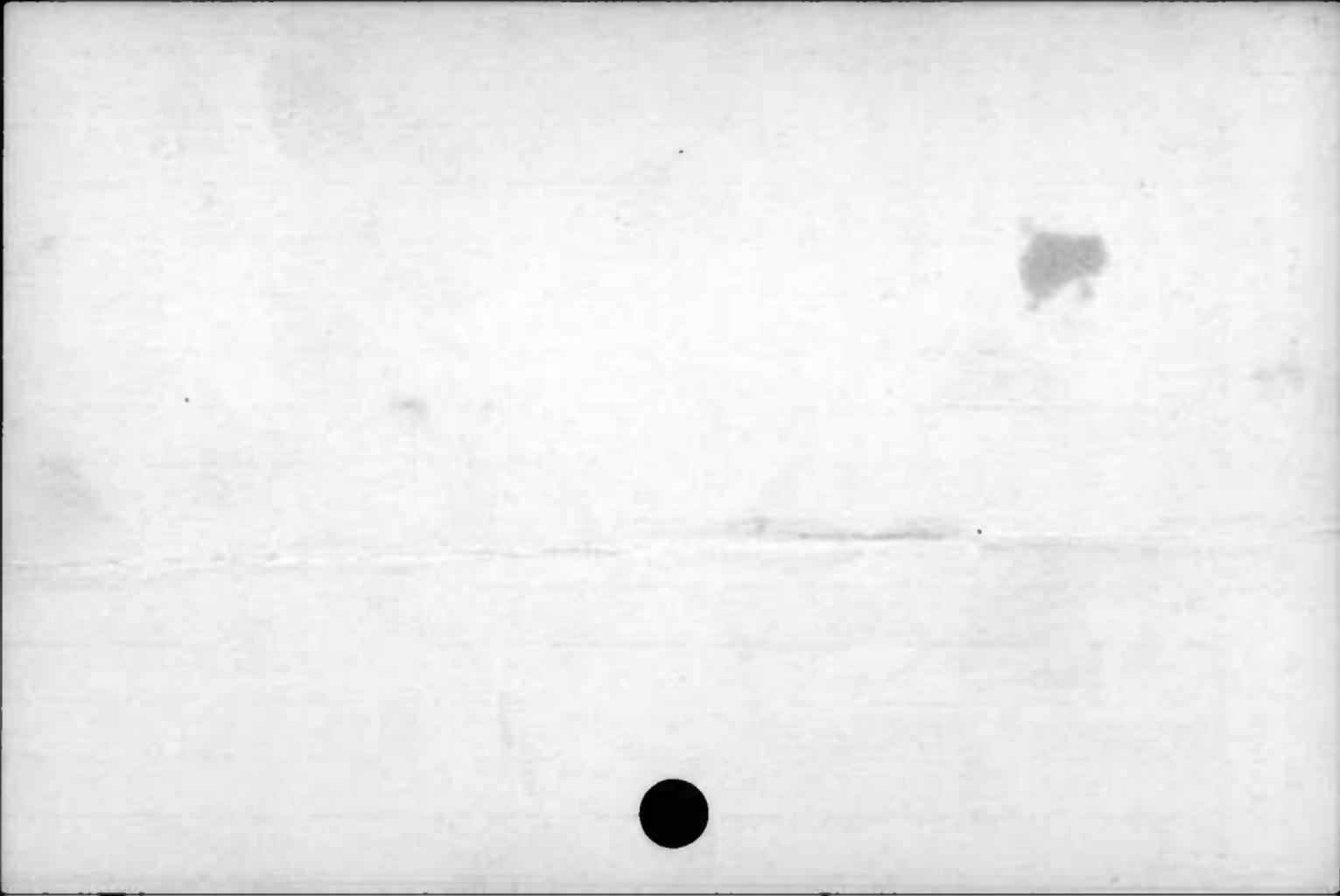
Yes

Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Infant, STERLING (M.P.)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Crisfield		own	County	Somerset	MARYLAND
Date of death	Month	Day	Years	Age	Months	Days
1905	Feb.	20	-	-	-	12 hours
Sex	Female	Color or Race	white	Birth-place	Crisfield Md	
Occupation	-		Where Residing if not at place of death	-		
Married, Single or Widowed	-		Name of Wife or Husband	-		
Father's Name	Charles M. Sterling		Father's Birthplace	Crisfield Md		
Mother's Maiden Name	Mary Opper		Mother's Birthplace	Princess Md		
Name of person giving information	Mary Sterling		How related to deceased	Worker		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Congenital heart disease

How long

—

Immediate

—

Are the name, age, sex, color, date and place correctly given above?

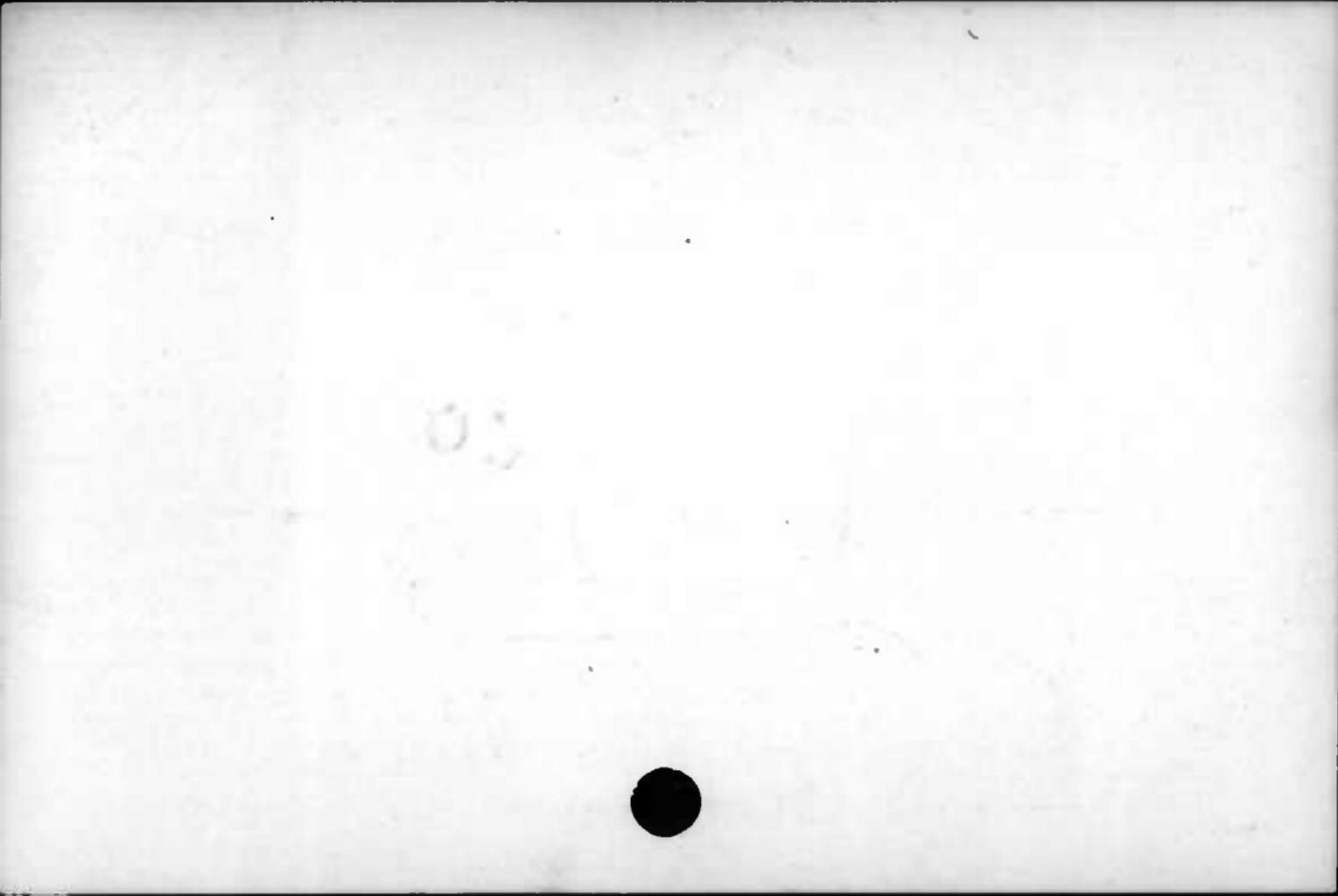
yes

Signature of Physician

Address

A. F. Stael
Crisfield Md

Accident or Suicide?



Sally Ward

Died at Crisfield County MARYLAND

Died at	Town Crisfield	Month Feb.	Day 22	Y. 87.	M. 3	D.	Native of Somerset	Occupation House
Date 1925	Male	White	Age 87.3	Married	Widow	Divorced	Number of children living 4	
	Female	Colored		Single	Widower			

Husband of Elisha Ward

Wife Dout Ward Mother's Name Dout Ward

Father's Name Dout Ward How long sick

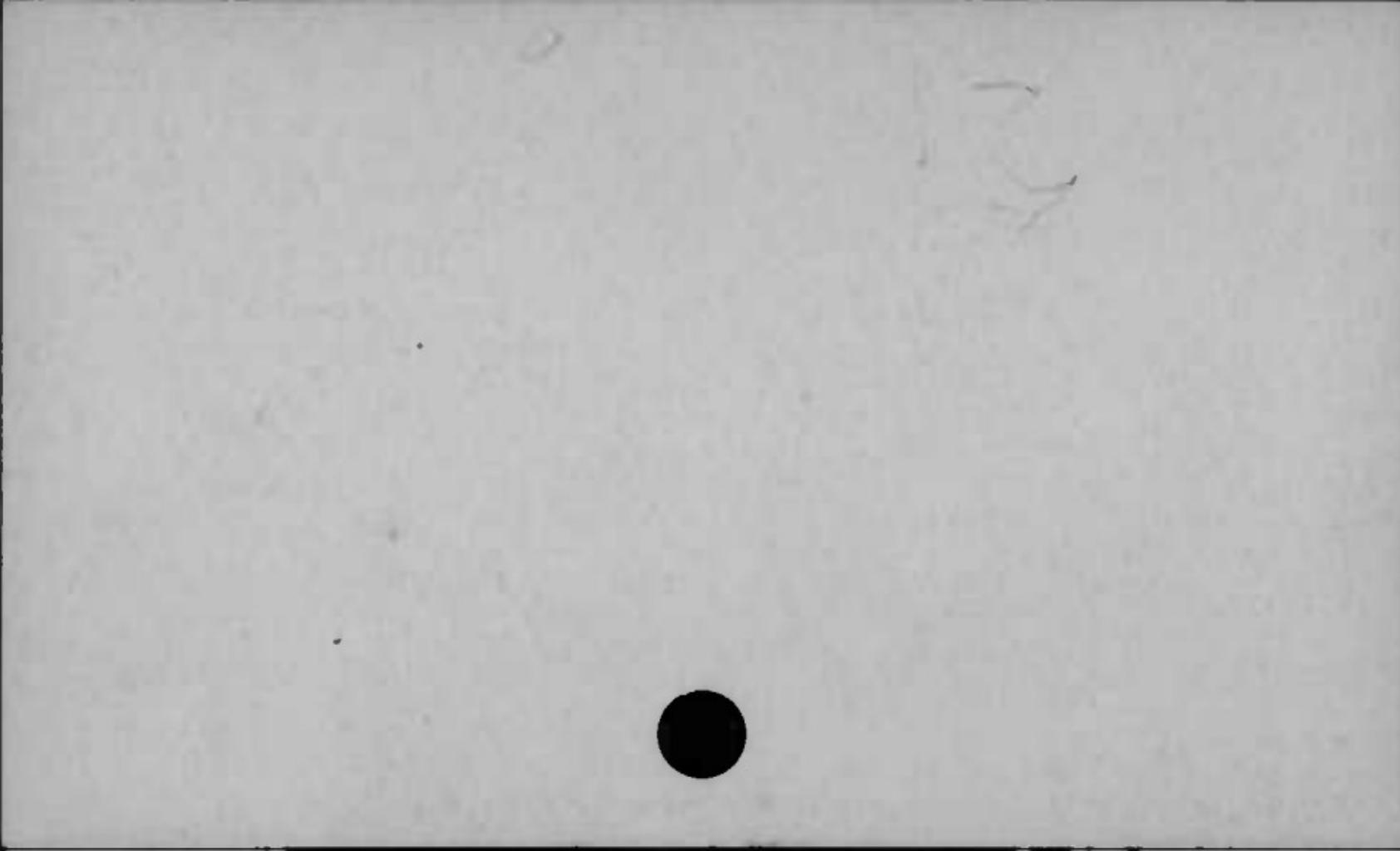
Cause of Death Primary Nitral Disease of Heart

Death Immediate La Grapese Accident, Suicide, Homicide

Reported by Mrs. Jacob Culver Dr. J.F. Somers

Address Crisfield, Md. Crisfield

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Marcia Harmon Williams

CERTIFICATE OF DEATH

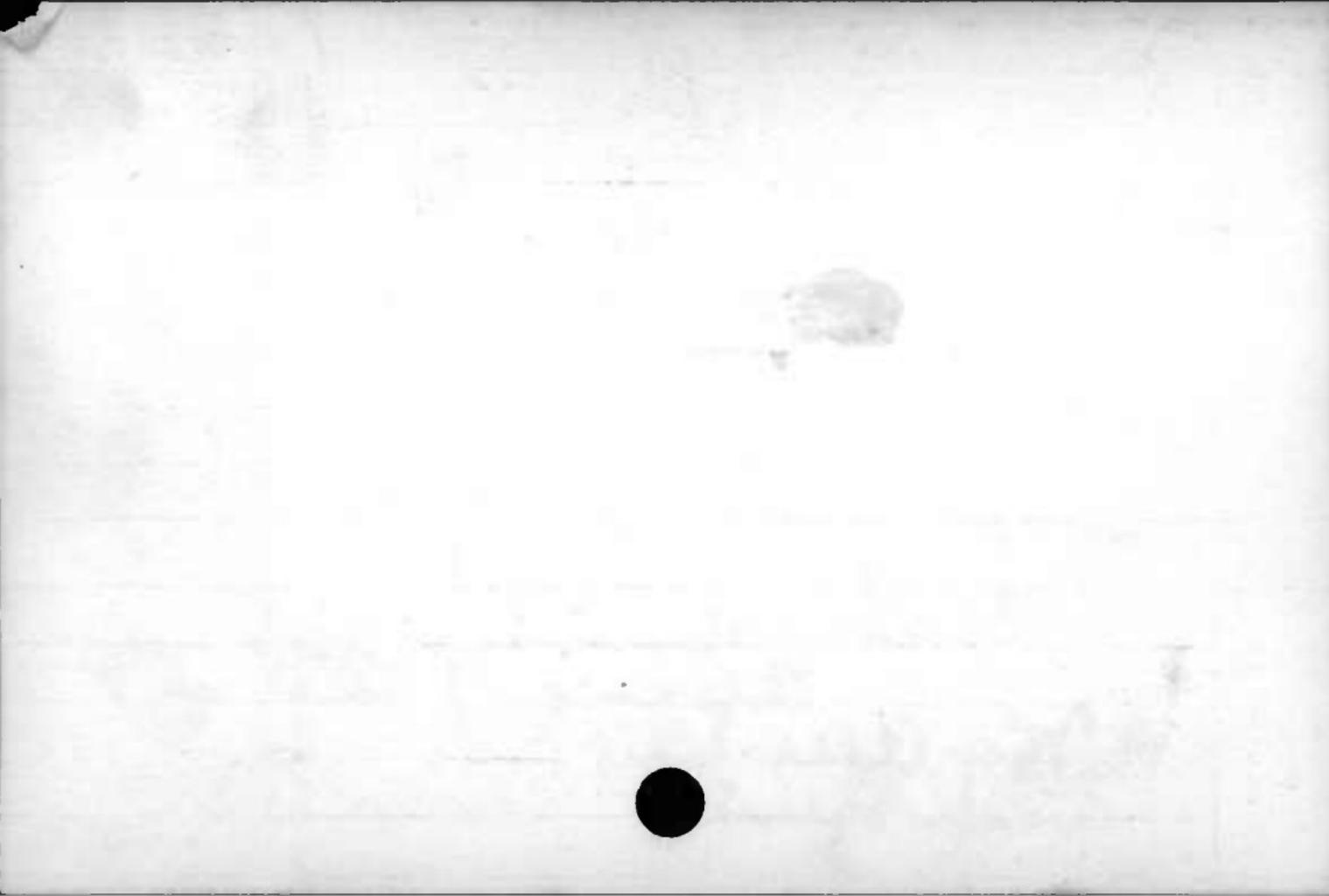
To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND	
Date of death 190	Month	Day	Years	Months Days
Sex	Color or Race	Occupation	Birth-place	
Married, Single or Widowed	Meadow		Worcester Co.	
Name of Wife or Husband	Wm Harmon.			
Father's Name	Dont Know		Father's Birthplace	Dont Know
Mother's Maiden Name	"	"	Mother's Birthplace	" "
Name of person giving information	Edw Harmon		How related to deceased	Son.

CAUSES OF DEATH

Primary	Old age	✓ 54	How long
Immediate	Exhaustion		How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Edw Harmon (Son)
		Address	Kingston
Accident or Suicide?	No physician in attendance		3d



Died at	Crisfield			Town	Somerset			County	MARYLAND					
Date	1905	Month	2	Day	19	Y.	39	M.	5	D.	1	Native of		
	Male	White	Married		Widow		Divorced		Occupation			Houswife		
	Female	Colored	Single		Widower				Number of children living			2		
Husband of	Eliza Wilson													
Wife														
Father's Name	John D. James			Mother's Name		Mary James								
Cause of Death	Primary	Pneumonia			How long sick									
	Immediate	Plumbins Poison			Accident, Suicide, Homicide									
Reported by	C. C. Ward			13										
Address	Crisfield			✓										

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Matilda Windsor

Town

Deal Island

County

Somerset

MARYLAND

Died at

Date 1905

Month

Day

Y.

M.

D.

Native of

Occupation

2 18

65

Somerset Co

House wife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of John H. Windsor ✓

Wife

Mother's

Henry Dawson

Maiden Name

Betsey Horner

Father's

Name

Cause of

Primary

Cerebral Hemorrhage

How long sick

Death

Immediate

Apnoea

Accident, Suicide, Homicide

Reported by

Dr. S. P. Alexander

Address

Deal Island

Somerset Co -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

